

# IOWA DENTAL BOARD

## 2016 ANNUAL REPORT





## ABOUT THE BOARD

*The Iowa Dental Board is the state agency charged with the overall responsibility for regulating the professions of dentistry, dental hygiene, and dental assisting in the state of Iowa.*

*The Board consists of nine members appointed by the Governor, and confirmed by the Iowa Senate, to serve three-year terms. Five members are licensed dentists, two members are licensed dental hygienists, and two members represent the public. The Board currently meets quarterly and has eight full time staff members.*

**The Board's mission is to ensure that all Iowans receive professional, competent, and safe dental health care of the highest quality.** The Board does this by administering and enforcing the provisions of Iowa law that relate to the practice of dentistry, dental hygiene and dental assisting. In pursuit of this mission, the Iowa Dental Board performs these primary functions:

- Adopts rules and establishes standards for practitioners pursuant to its authority under Iowa Code;
- Issues licenses, registrations, and permits to qualified dentists, dental hygienists and dental assistants;
- Sets standards for the licensure or registration of practitioners and applicable and permits;
- Enforces Iowa laws, which regulate the practice of dentistry, dental hygiene and dental assisting and investigate complaints concerning violations of the dental practice act and Board rules;
- Conducts disciplinary hearings and actively monitors the compliance of licensees with Board orders;
- Conducts infection control and sedation inspections.

### Members of the Iowa Dental Board



Dr. Monica Foley joined the Board in May 2016, replacing Dr. Vargas, whose term expired.

**Back row:** Nancy Slach, RDH, Lori Elmitt, Diane Meier, Dr. Kaaren Vargas, Mary Kelly, RDH. **Front row:** Dr. Steven Fuller, Dr. Will McBride, Dr. Tom Jeneary, Dr. Steve Bradley

## BOARD MEMBERS

Members of the Iowa Dental Board are appointed to a three-year term. They are eligible for reappointment for two additional terms, for a possible nine years of service. Members receive a per diem and expenses when conducting Board business.

Annually, the Board annually elects officers: a chairperson, vice chairperson, and secretary. Committee members are appointed as required. The following committees are established pursuant to Iowa Code Section 153 and Iowa Administrative Code 650: the Dental Hygiene Committee, the Continuing Education Advisory Committee, the Anesthesia Credentials Committee, and the Iowa Practitioner Review Committee. The Iowa Dental Board may also appoint ad-hoc committees as deemed necessary.

<b><u>2016 MEMBERS* &amp; OFFICERS</u></b>	<b><u>APPOINTED</u></b>	<b><u>TERM EXPIRES</u></b>
<b>Steven Bradley, D.D.S.</b> , Cascade, Chair	2010, 2013, 2016	April 30, 2019
<b>Steven Fuller, D.D.S.</b> , Bondurant, Vice Chair	2011, 2014	April 30, 2017
<b>Thomas Jeneary, D.D.S.</b> , LeMars, Secretary	2013, 2016	April 30, 2019
<b>Monica Foley, D.D.S.</b> , Bettendorf	2016	April 30, 2019
<b>William McBride, D.D.S.</b> , Dubuque	2015	April 30, 2018
<b>Mary C. Kelly, R.D.H.</b> , Des Moines	2011, 2014, 2017	April 30, 2020
<b>Nancy Slach, R.D.H.</b> , West Branch	2012, 2015	April 30, 2018
<b>Lori Elmitt</b> , Johnston	2012, 2015	April 30, 2018
<b>Diane Meier</b> , Iowa Falls	2008, 2011, 2014	April 30, 2017
<b>Kaaren Vargas, D.D.S.</b> , North Liberty	2013	April 30, 2016

\*Licensees and members of the public, who are interested in serving on the board can complete an application online at <https://openup.iowa.gov/>

### The Dental Hygiene Committee

*All matters regarding the practice, discipline, education, examination, and licensure of dental hygienists will be initially directed to the dental hygiene committee. The committee shall have the authority to adopt recommendations regarding the practice, discipline, education, examination, and licensure of dental hygienists and shall carry out duties as assigned by the board.*

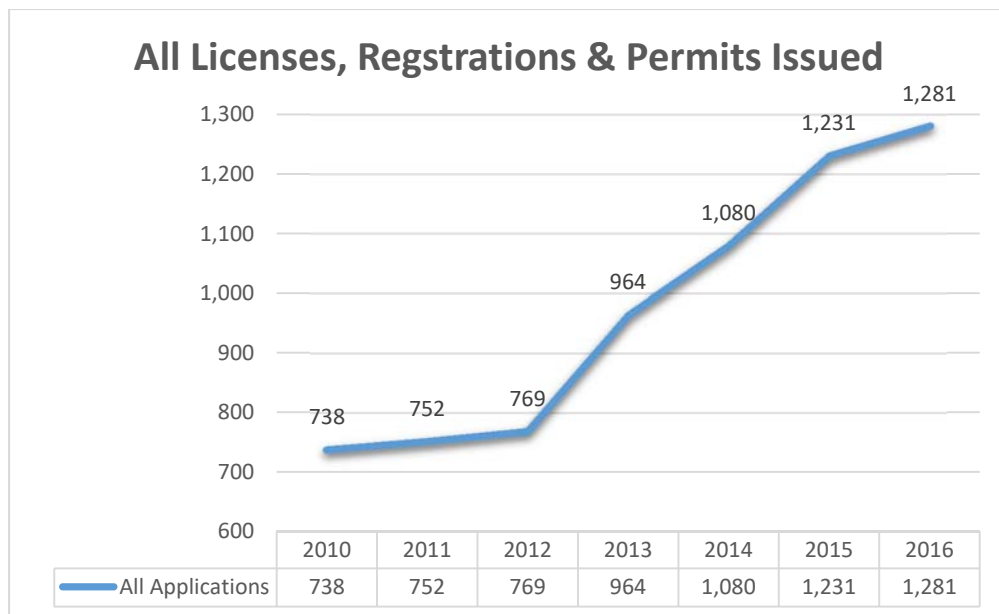
<b><u>2016 MEMBERS</u></b>	<b><u>APPOINTED</u></b>
<b>Mary Kelly-Grief, R.D.H.</b> , Chair	2011
<b>Nancy Slach, R.D.H.</b>	2012
<b>William McBride, D.D.S.</b>	2016

## EXECUTIVE DIRECTOR'S REPORT

The Iowa Dental Board is charged with ensuring that all Iowans receive professional, competent and safe dental care of the highest quality. It is a responsibility that the nine members of the Board take seriously.

In 2016, the Dental Board:

- Issued 1,281 new licenses, registrations and permits. **This is a 74% increase from 2010.** Simultaneously staffing has been reduced by 11% during this time period.
- Renewed 2,125 dental licenses.
- Implemented a new retired volunteer license for dentists and hygienists; 3 were issued.
- Issued 11 Board orders or public action.
- Issued 25 confidential letters of warning or information concerning licensee conduct or practice.
- Conducted 19 on-site sedation inspections.
- Created a strategic plan.
- Revised the dental assistant jurisprudence and infection control study guide.
- Issued FAQs on the newly revised expanded function rules.
- Approved the University of Iowa Level 2 Expanded Function Course.
- Worked with legislators and the University of Iowa Dental School on licensure exams.
- Made procedural improvements to the Iowa Practitioner Program for impaired practitioners.
- Hosted a round table discussion on tele-dentistry.
- Began working on a new board website.



The Board placed great emphasis on issues of quality improvement in 2016. The average turnaround time on license processing decreased to an average of 2 weeks after receipt of all information, allowing practitioners to enter the profession more quickly. Application forms were revised to provide a more streamlined process. While the newly created strategic plan has set clear goals for 2017 and beyond,

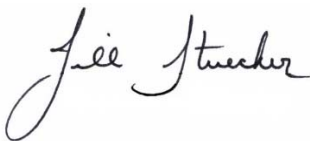
quality improvement efforts moving forward will also be focused on conducting complete and fair investigations in a timely manner.

Additionally, the Board discussed pressing operational issues, including the increase in paper versus electronic renewal applications. Since 2013, the number of paper renewal applications has increased by 14%. Because each paper application has to be entered into our database by hand, this substantially increases the amount of time it takes to issue not only renewals, but license and registrations in general. If this trend continues, the processing time for all license and renewals during the months of July through October could double or even triple. Efforts are underway to encourage use of the online application and renewal system.

#### Renewals by Year

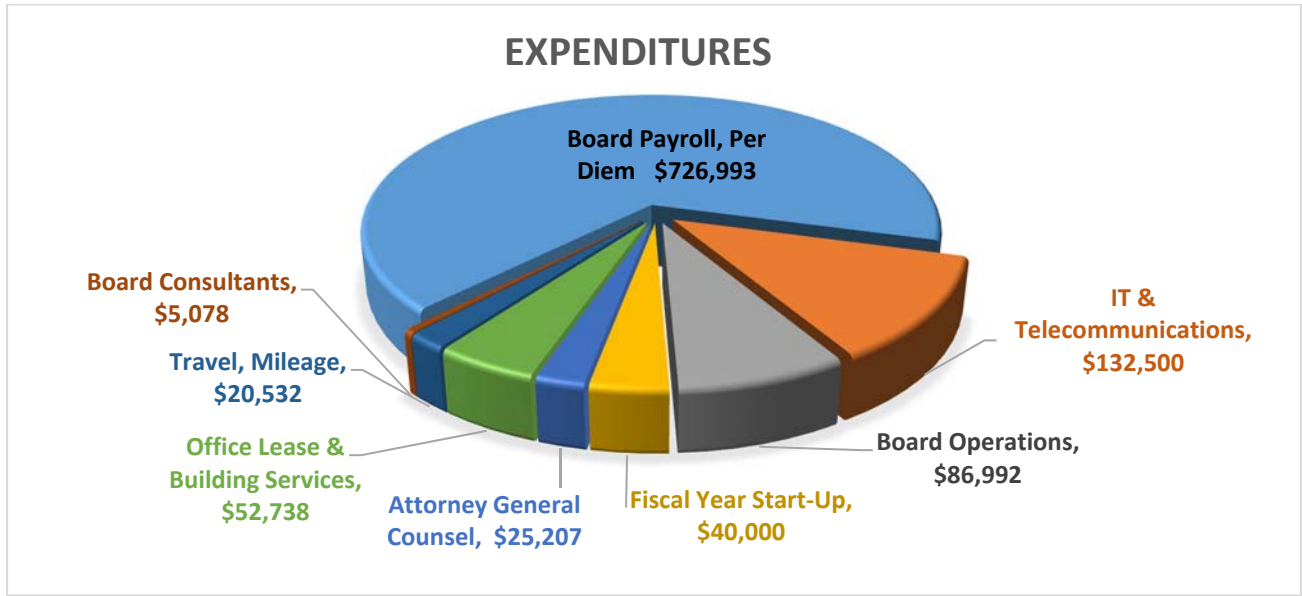
Renewal Year	Total	Paper	% Renewals on Paper
2013 (RDH/DA)	7,420	1,336	18%
2014 (DDS)	2,133	512	24%
2015 (RDH/DA)	7,726	2,086	27%
2016 (DDS)	2,126	680	32%

All programs and activities of the Board are funded solely by fees paid by licensees, which have not been increased since 2007. While this brief report provides an overview of how those funds were utilized, it also provides a glimpse into the hard work and dedication of the countless hours our volunteer Board and staff commits to the protection of the public and regulation of the profession. Please visit our website or contact us if you would like to learn more about the work that we do.

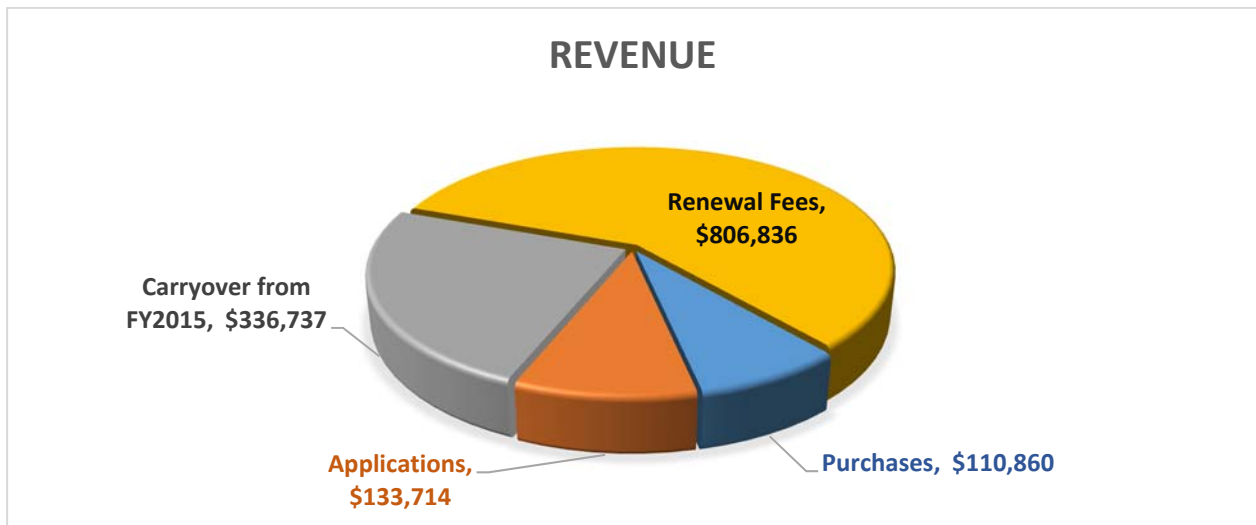


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## BUDGET: FISCAL YEAR 2016



Board expenses for FY2016 were \$1,090,040, which included the employment of 7.5 full-time staff. Board operations include costs such as postage, printing, office supplies, memberships, and other general office expenses. IT & Telecommunications includes costs of the Board's annual database maintenance agreement, database server storage and maintenance, and telephones.



The Board is funded through licensure and registration fees, pursuant to Iowa Code section 147.80. The Iowa Dental Board's total revenue for FY2016 was \$1,388,147. Unused revenue from the previous fiscal year carries over to the next fiscal year as part of the retained fees of the Iowa Dental Board. Fees for application and renewal have not been increased since FY2007.

The Board's anticipated revenue for FY2017 is \$1,177,483.

## STRATEGIC PLAN

In 2016 the Board created a strategic plan to serve as a roadmap for the next three year period. The committee slated with this task created a vision and core values, as well as strategic goals.

### VISION

The Iowa Dental Board strives to be a unified team respected for integrity, which is:

- Approachable, fair and flexible;
- Responsive to the public and stakeholders;
- Evidence based and data driven;
- Utilized as a resource.

### CORE VALUES

<b>MISSION DRIVEN:</b>	We make decisions through the lens of IDB’s mission.
<b>PROFESSIONAL:</b>	We act diplomatically in carrying out and protecting IDB’s mission.
<b>OBJECTIVE:</b>	We make decisions supported by data and evidence.
<b>TRANSPARENT:</b>	We ensure licensees and the public understand the process by which decisions are made.
<b>INVESTED:</b>	We demonstrate commitment to IDB and preparedness for decision making.
<b>OPEN MINDED:</b>	We consider all viewpoints.
<b>COMMITTED TO INTEGRITY:</b>	We act honestly and consistent with values.

STRATEGIC GOALS			
Board Culture and Development	Communication and Education	Licensing	Examinations
Develop a Culture and Process that Exemplify Evidence-based Decision making	Proactively and Consistently Communicate with Stakeholders	Continually Streamline and Improve the Licensing Process	Ensure Examinations are Relevant, Valid and Measure Competency



## ADMINISTRATIVE RULES

The Iowa Dental Board's administrative rules are found in Iowa Administrative Code 650. Before the Board can adopt a new rule or amend an existing rule, the intended action item must be noticed publicly, published in the Iowa Administrative Bulletin, and be opened for public comment. The proposed change is also reviewed by the Administrative Rules Review Committee, which is comprised of state legislators. In addition, the public can petition the Board to adopt, amend or repeal an administrative rule.

### Amendments noticed/adopted by the Board in 2016:

- **CHAPTER 10, General Requirements – ARC2043C.** The amendment clarified that removal of adhesives and preliminary charting of existing teeth are services that are permissible services for dental hygienists; and further established the requirements for expanded functions for dental hygienists. The amendment also updated the name of the Bureau of Oral Health and Delivery Systems. Noticed: 04/23/2015; Adopted: 08/13/2015; Effective: 10/21/2015.
- **CHAPTER 11, Licensure to Practice Dentistry or Dental Hygiene – ARC2701C.** The amendments updated and clarified the pathways for licensure. Applicants who have been licensed in another state for one year or longer would be required to apply on the basis of credentials. Updated application requirements. Noticed: 7/21/2016; Adopted: 10/13/2016; EFFECTIVE: 1/25/2017.
- **CHAPTER 12, Dental and Dental Hygiene Examinations – ARC2700C.** The amendments updated the list of accepted clinical examinations for the purposes of licensure in Iowa. Noticed 7/21/2016; Adopted: 10/13/2016; EFFECTIVE: 1/25/2017.
- **CHAPTER 13, Special Licenses – ARC2252C.** The amendments implemented the provisions of 2015 Iowa Acts, House File 202 [Iowa Code section 153.23] relating to the licensure of retired volunteer dentists and dental hygienists. The amendments also establish the requirements to obtain and retain a retired volunteer license. Noticed: 10/22/2015; Adopted: 1/28/2016; Effective: 4/6/2016.
- **CHAPTER 10, General Requirements – ARC2432C.** The amendments clarified the supervision requirements for dental hygiene students to practice clinical skills as part of a regular course of instruction in an accredited dental hygiene program. Noticed: 1/28/2016; Adopted: 4/29/2016; Effective: 7/27/2016.
- **CHAPTER 20, Dental Assistants – ARC2431C.** The amendments clarified the supervision requirements for dental assisting students to practice clinical skills as part of a regular course of instruction in an accredited dental assisting program. Noticed: 1/28/2016; Adopted: 4/29/2016; Effective: 7/27/2016.
- **CHAPTER 22, Dental Assistant Radiography Qualification – ARC2923C.** The proposed amendments would allow interested organizations to offer training in dental radiography following approval by the Board. Noticed: 10/13/2016; Vote to adopt and file is scheduled for 4/27/2017.
- **CHAPTER 27, Standards of Practice and Principles of Professional Ethics – ARC2919C.** The proposed amendments would clarify requirements for when dentists would be required to notify patients of retirement or discontinuation of practice in the community. Vote on Notice of Intended Action was scheduled for 1/28/2016; vote was tabled for further review. Noticed: 10/13/2016; Vote to adopt and file is scheduled for 4/27/2017.

## IOWA PRACTITIONER PROGRAM

The Dental Board established the Iowa Practitioner Review Committee (IPRC) to evaluate, assist and monitor the recovery or rehabilitation of dentists, dental hygienists, and dental assistants who self-report possible impairments.

Under Board rules, impairment means an inability to practice dentistry, dental hygiene, or dental assisting with reasonable safety and skill as a result of alcohol or drug abuse, dependency, or addiction, or any mental or physical disorder or disability. Self-report means that the licensee has reported any possible impairment to the Board, prior to the Board receiving a complaint alleging an impairment.

Self-reports made by licensees are reviewed by the Iowa Practitioner Review Committee (IPRC) to determine eligibility for participation in the program. The IPRC then designs an individualized recovery or rehabilitation program to meet the specific needs of the licensee; providing ongoing monitoring and guidance. Participants sign contracts agreeing to adhere to strict guidelines, which often includes weekly urine analysis test. The goal of the program is to support practitioners who seek the program's assistance and to protect the public by carefully monitoring practitioners with diagnosed impairments that may affect their ability to practice. Participants who violate their contract can be reported to the Board for public action. The committee and program are defined in Iowa Administrative Code 650, Chapter 35.

The committee held four meetings in 2016 and had in-person meetings with eight program participants. All participants appear before the committee annually. The program is funded primarily through licensure fees. Licensees pay a quarterly fee of \$100 and are responsible for all costs associated with drug screening, therapy and treatment.

Staff members of the Board manage the program. The members of the committee, in addition to Board legal counsel, provide guidance on case issues. Members of the IPRC in 2016:

- Richard Ripps, D.D.S., chair
- Gordon Anderson, Alcohol and Drug Counselor, co-chair
- DeeAnn Decker, Alcohol and Drug Counselor
- Sheila Rogers, Alcohol and Drug Counselor
- James Gallagher, M.D.
- Jill Stuecker, Board Executive Director

State law mandates that information in the possession of the IPRC be kept confidential. Accordingly, participation in the program is not a matter of public record. The committee meets quarterly.

A total of 46 practitioners have participated in the program since its inception.  
In 2016, there were 15 practitioners under contract with the program.

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# BOARD WEBSITE

The screenshot shows the Iowa Dental Board website. At the top, there is a navigation menu with links: IDB online services, Online User Account, License query, Services, About us, Contact us, and Map. The main header includes the Iowa Dental Board logo and the text "IOWA DENTAL BOARD". A search bar is located on the right side. Below the header is a large banner image of a city skyline. To the right of the banner is a "News" section with several links. Below the banner are three main content columns: "Practitioners", "Consumers", and "About the Board". Red arrows point to the following links: "Find a practitioner" in the Consumers section, "Board Calendar" in the About the Board section, "Agendas & Minutes" in the About the Board section, and "Access Board actions & more" in the About the Board section.

## Also available on the Board's website:

- ✓ Application and continuing education information for applicants and licensees;
- ✓ Electronic copies of Board actions dating back to 2002; and
- ✓ Regulatory information.
- ✓ List of all scheduled meetings.
- ✓ Agendas, materials and final meeting minutes when completed.

## Board Meeting Schedule\*

<b>2016 Quarterly Meetings</b>	<b>2016 Teleconferences</b>
January 28-29	May 12
April 28-29	June 16
July 21-22	July 29
October 13-14	September 2
	December 1

\*To receive notices of meetings, agendas and other Board news, submit a request with your email address at [IDB@iowa.gov](mailto:IDB@iowa.gov).

## LICENSURE & REGISTRATION DATA

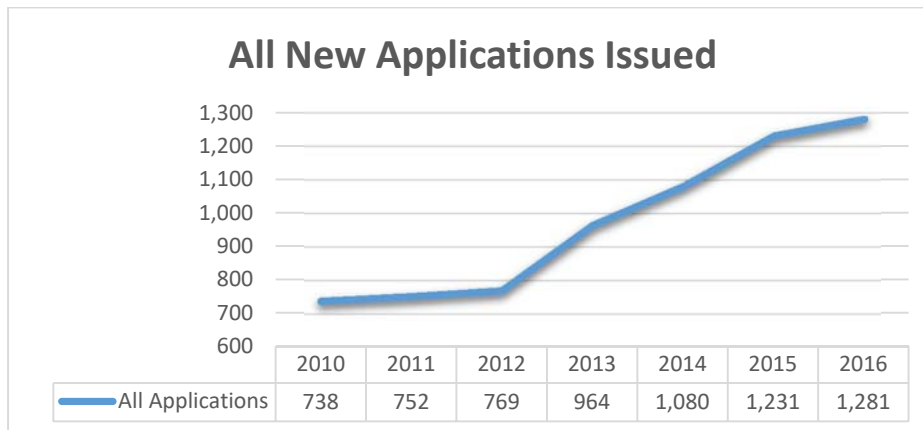
The following data reflects a variety of topics associated with licensure and registration. The data will be focused in three primary areas:

- Initial Licensure and Registration
- Overall Licensure
- Registration and Renewal

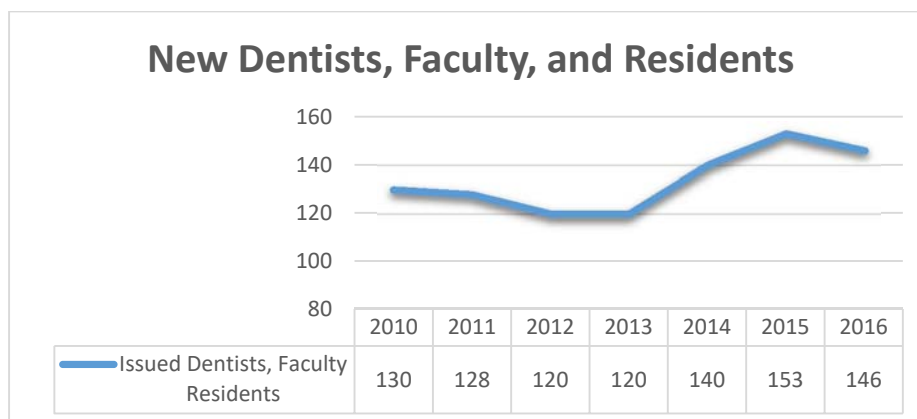
Please note: Some data is limited to the periods of 2013 to 2016 because the Iowa Dental Board transitioned to a new licensure database (AMANDA) on June 3, 2013. This was the first year that online renewal and other services were made available to licensees.

### INITIAL LICENSURE & REGISTRATION

The following data includes new applications issued for all dental, dental hygiene, dental assistant, dental assistant trainee, and permit applications. Since 2010, there has been a 74% increase in the total number of licenses, registrations, permits and qualifications issued by the Iowa Dental Board.

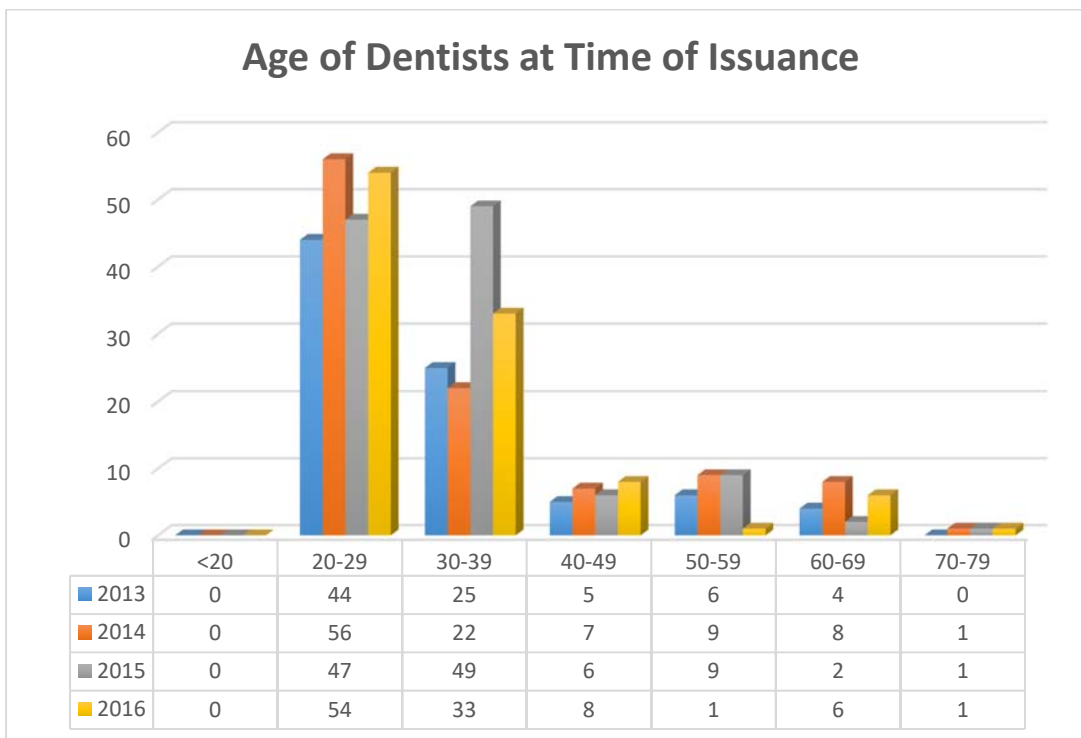
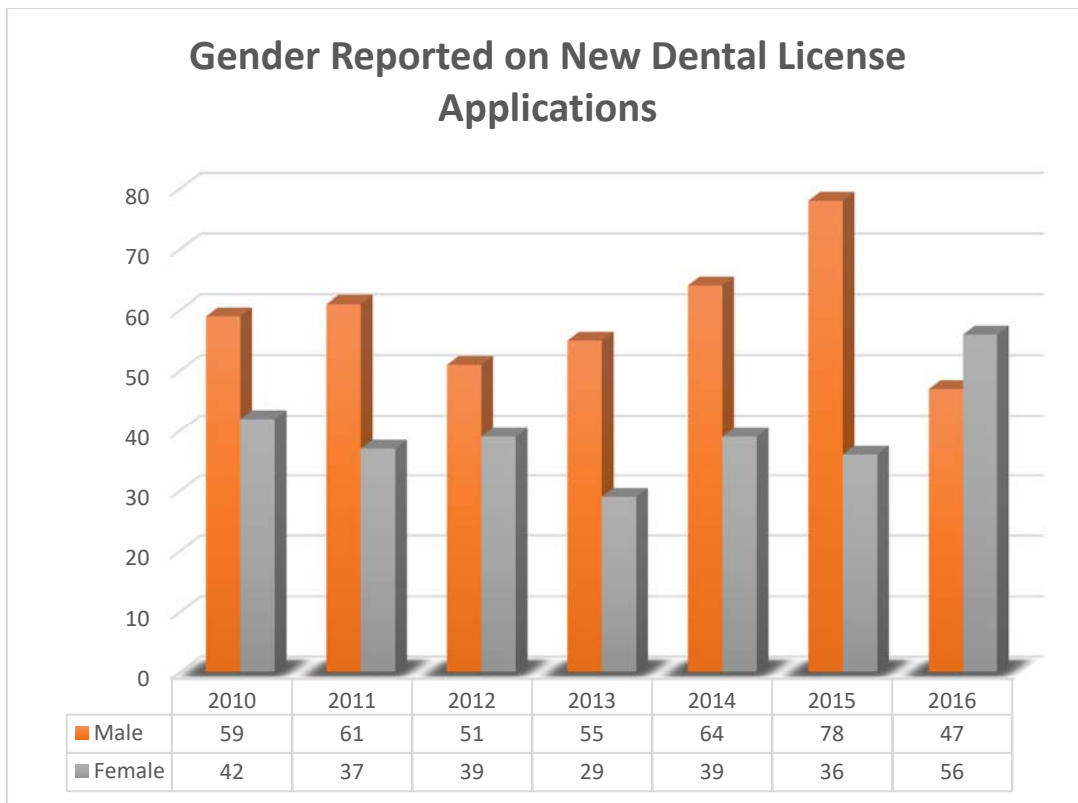


### INITIAL LICENSURE: DENTISTS

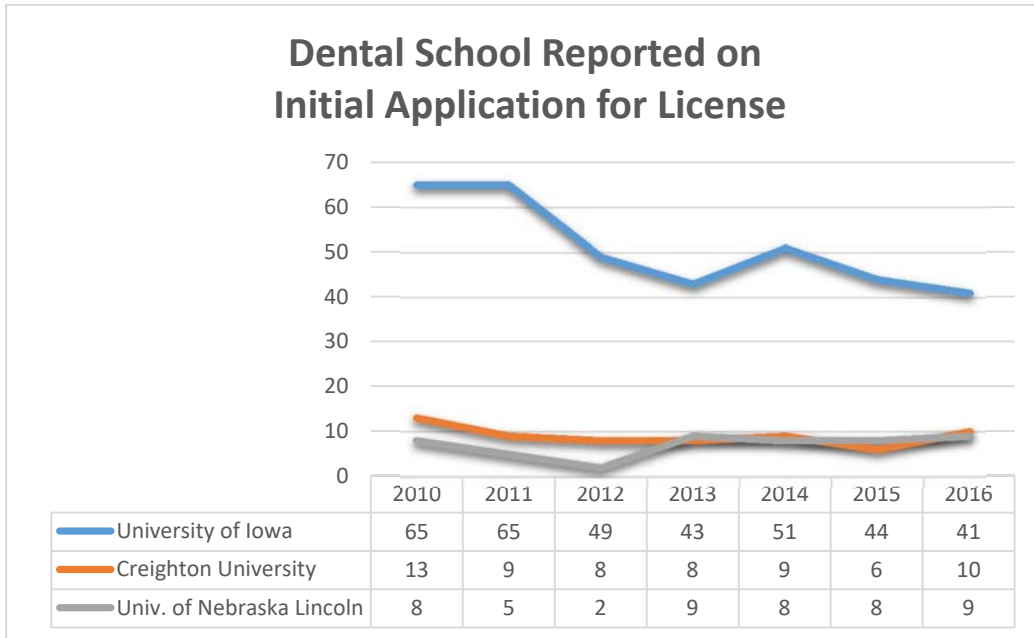


Since 2010, there has been a 12% increase in dental licenses, faculty permits and resident dental licenses issued.

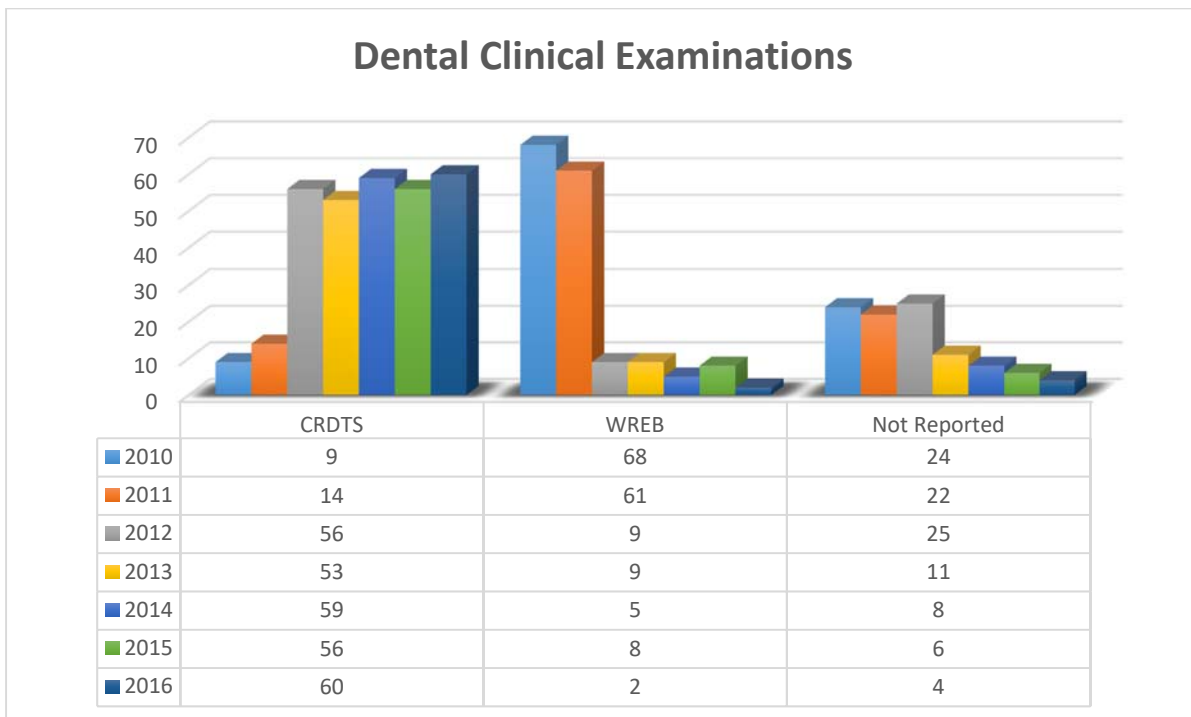
Historically, the number of new male dentists exceeded the number of female dentists. In 2016, the trend was reversed when more women than men were issued dental licenses.



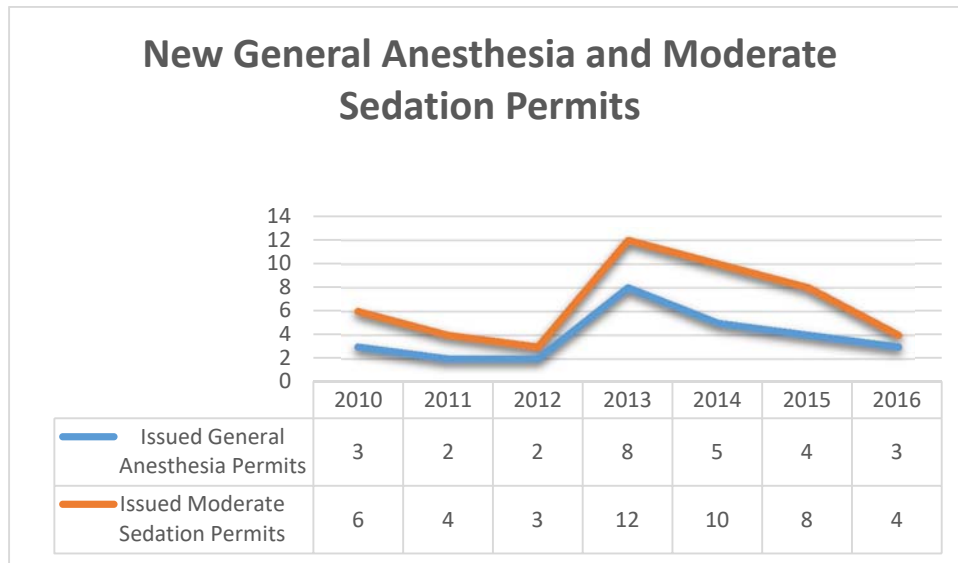
The majority of new applicants, from 2010 to 2016, graduated from the University of Iowa.



Between 2010 and 2016, the primary clinical examinations reported by applicants for license were the Central Regional Dental Testing Service, Inc. (CRDTS) and the Western Regional Examining Board (WREB).



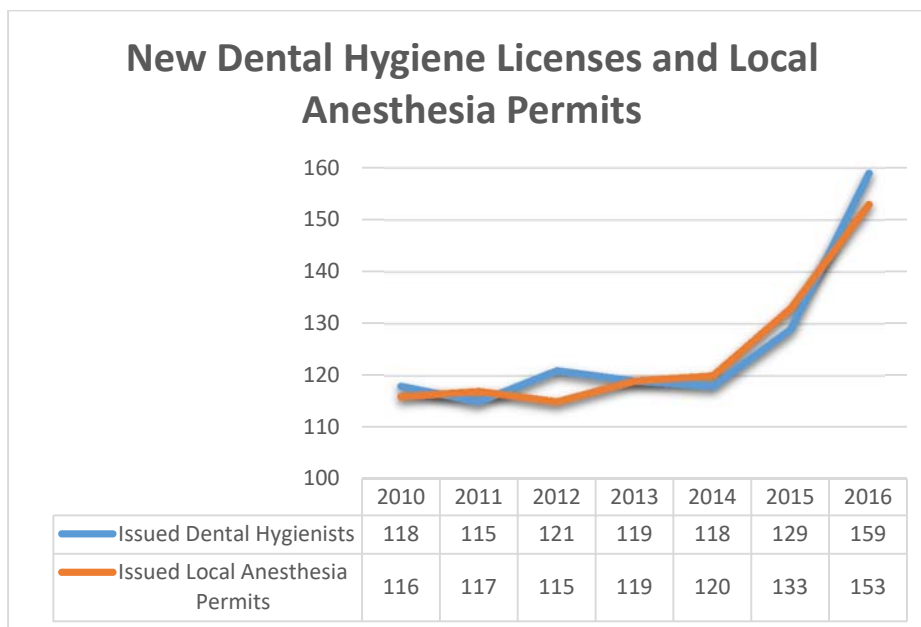
Pursuant to Iowa Administrative Code 650 – Chapter 29, dentists who wish to administer moderate sedation and/or general anesthesia must be issued a sedation permit by the Board. The following shows the total number of new sedation permits issued between 2010 and 2016.



#### INITIAL LICENSURE: DENTAL HYGIENISTS

On average, general anesthesia permits accounted for 2.8% of all new applications processed for dentists. Moderate sedation permits accounted for approximately 4.5% of new applications processed for dentists.

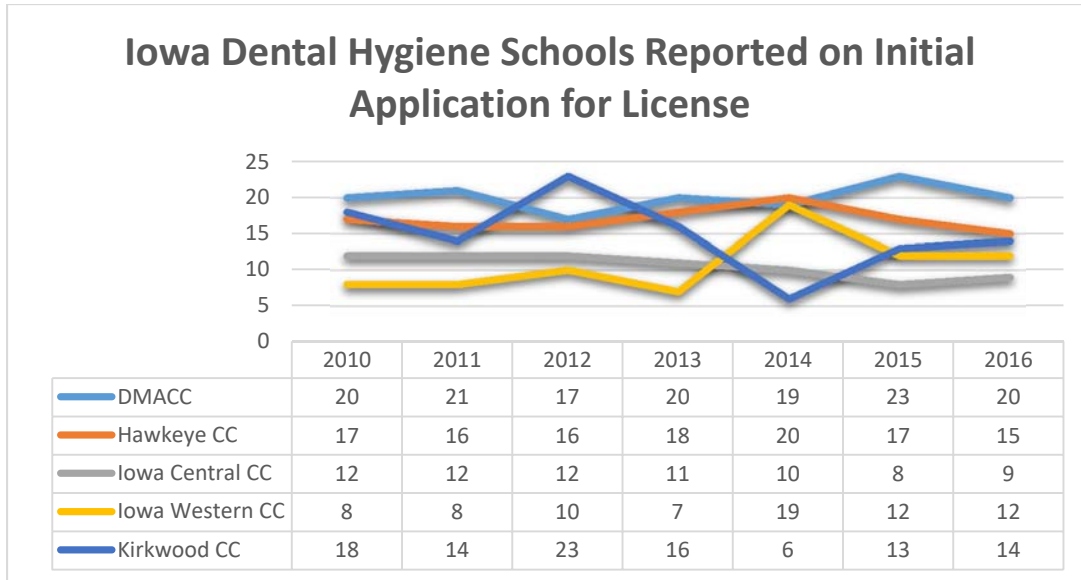
Iowa Administrative 650 – Chapter 11 establishes the requirements for licensure as a dental hygienist.



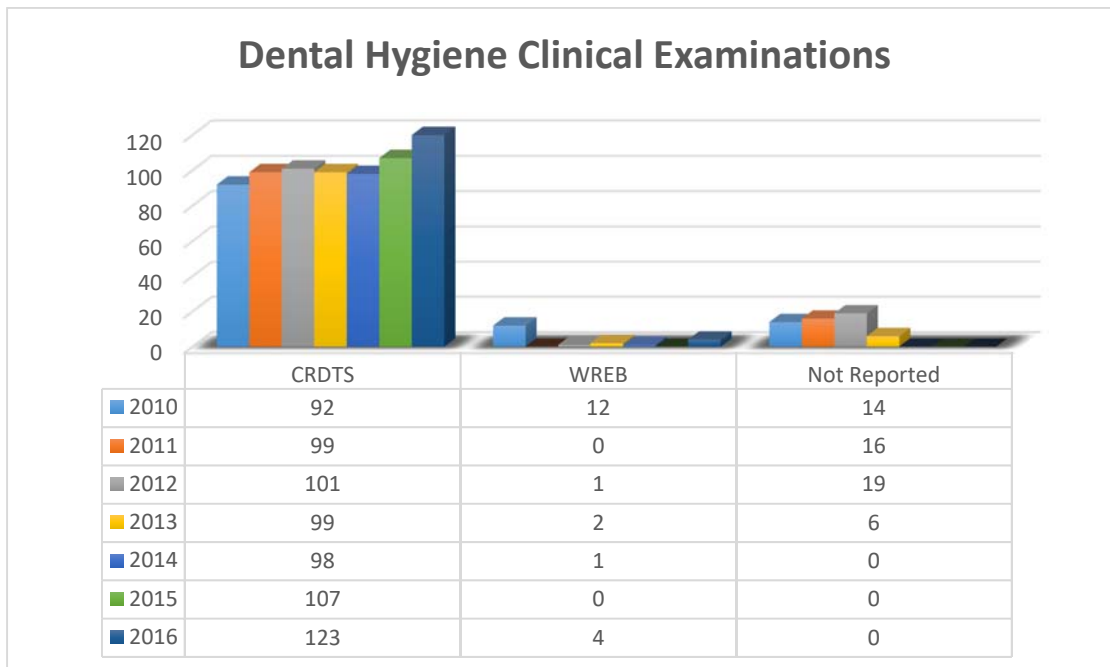
Since 2010, there has been a 34.7% increase in the number of dental hygiene licenses issued. During the same period, the number of local anesthesia permits issued increased by 31.9%. Increasingly, applicants

for an Iowa dental hygiene license will apply for a local anesthesia permit at the same time as the dental hygiene license.

In 2016 there were hygiene graduates from five dental hygiene schools in the state of Iowa. The following data illustrates the number of licensees from each school.

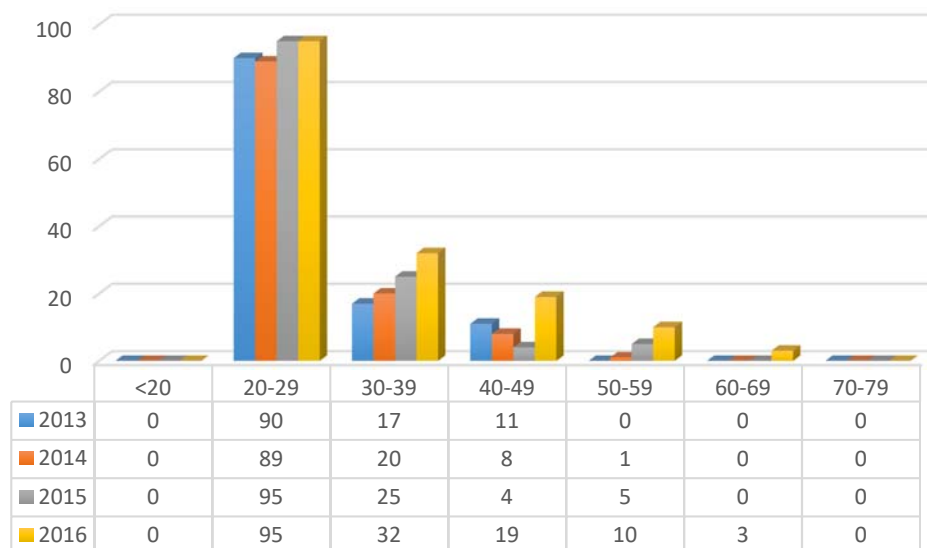


Primarily, dental hygienists report having taken the CRDTS examination for the purposes of licensure when applying for licensure in Iowa. The majority of applicants for license who reported completing a different clinical examination often come to Iowa from another state.





## Age of Dental Hygienists at Time of Issuance



### INITIAL REGISTRATION: DENTAL ASSISTANTS

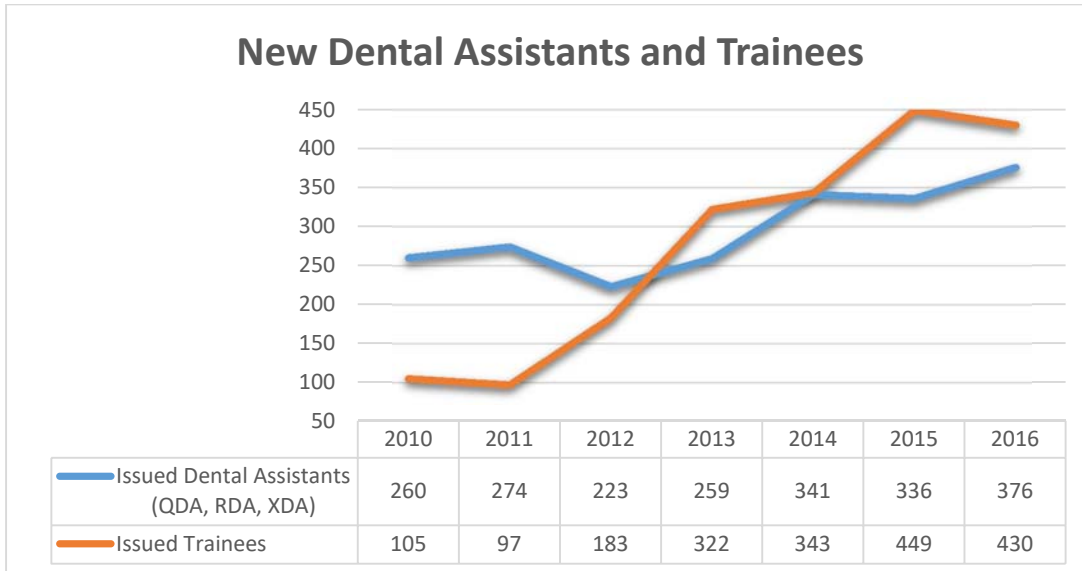
In Iowa, dental assistants may practice upon being issued registration as a dental assistant or being issued dental assistant trainee status pursuant to Iowa Administrative Code 650 – Chapter 20.

In Iowa, there are several classifications for dental assistants:

- Registered dental assistants (*RDA*) may practice as a dental assistant in Iowa; though, they are prohibited from taking dental radiographs.
- Registered/qualified dental assistants (*QDA*) are registered dental assistants who may also take dental radiographs.
- Not-registered qualified assistants (*XDA*) are Iowa-licensed nurses who are eligible to take dental radiographs.
- Dental assistant trainees are dental assistants who work under personal supervision while they are being trained as dental assistants. Personal supervision requires that another licensee or registrant be in the room with them at all times.

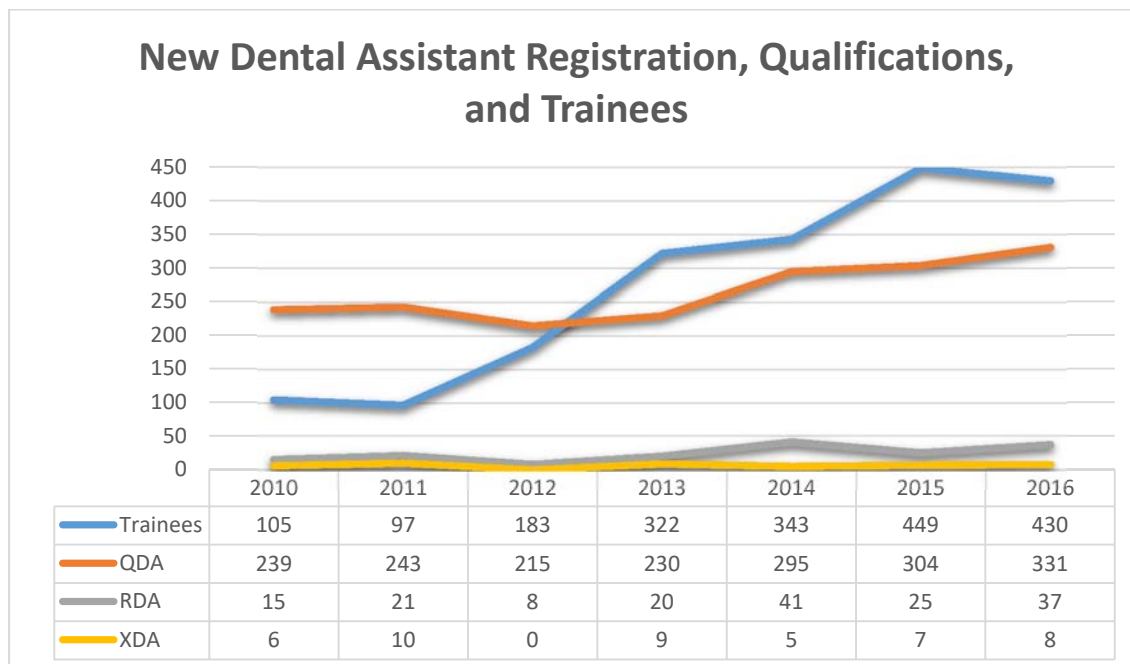
Since 2010, there has been a 69.1% increase in the number of registrations issued. During the same period, the number of dental assistant trainees increased by 409.5%.

## New Dental Assistants and Trainees

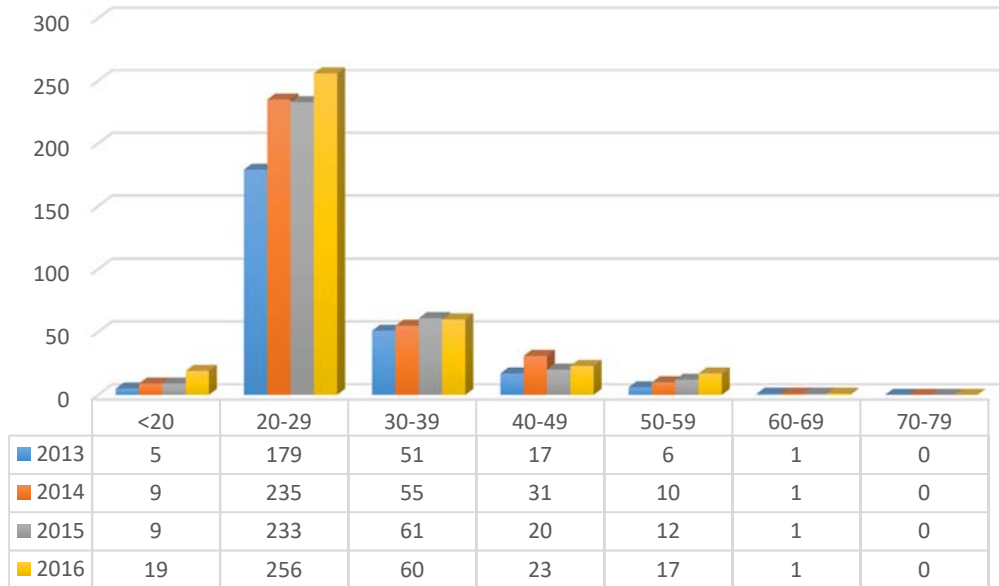


- Approximately 46% of dental assistant trainees later become registered as a dental assistants in the State of Iowa.
- In some cases, dental assistant trainees applied for a restart of the trainee status in order to complete the requirements for registration.
  - 2014 – 31
  - 2015 – 41
  - 2016 – 50
- Between June 1, 2013 – December 31, 2016, the Board has issued 1,170 RDA/QDA registrations:
  - 693 (59%) reported having been a dental assistant trainee previously;
  - 85 (7%) reported being certified by the Dental Assisting National Board (DANB);
  - 507 (43%) report having been a student in a dental assistant program.

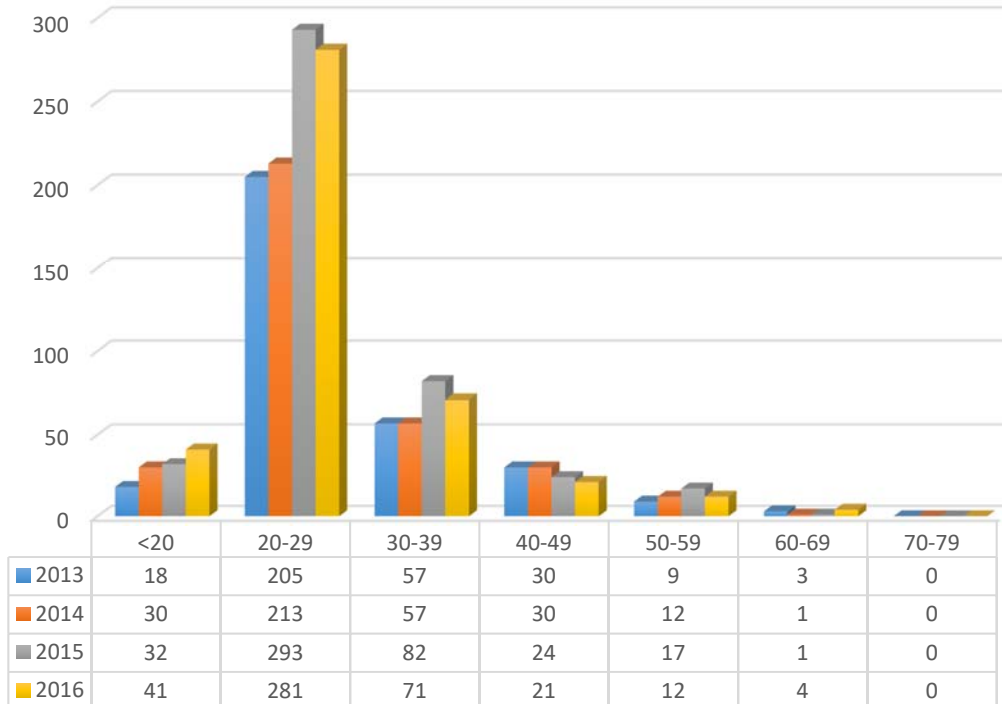
## New Dental Assistant Registration, Qualifications, and Trainees



### Age of Dental Assistants at Time of Issuance

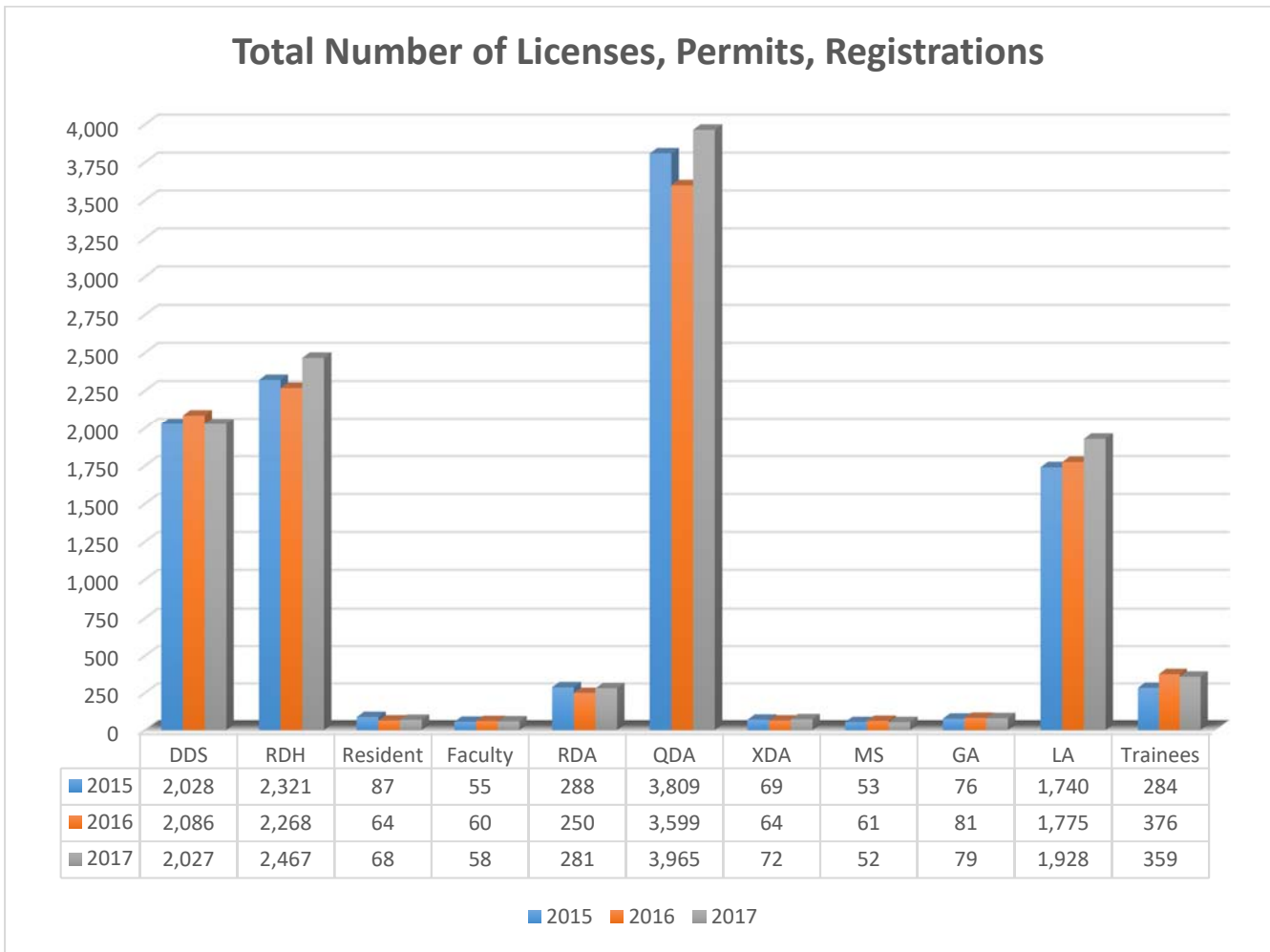


### Age of Trainees at Time of Issuance

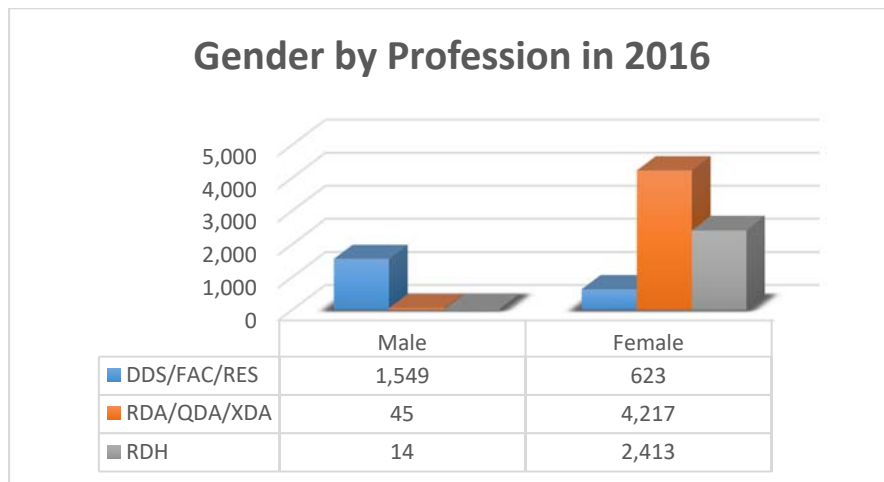


## OVERALL LICENSURE & REGISTRATION DATA

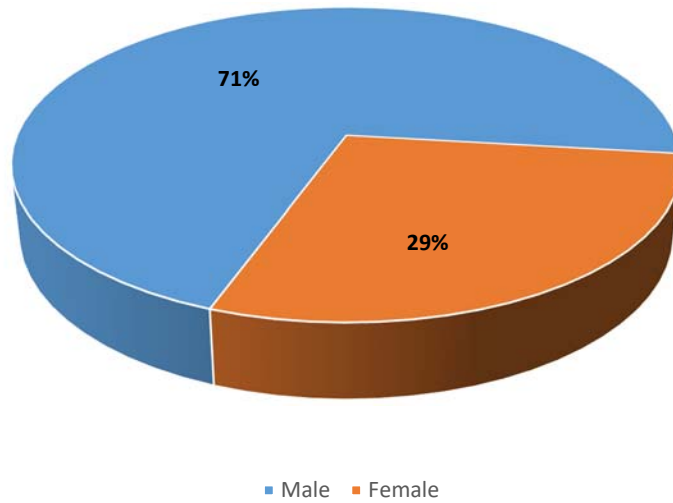
The following chart shows the number of current licenses, registrations, permits and qualifications on January 1 of that year.



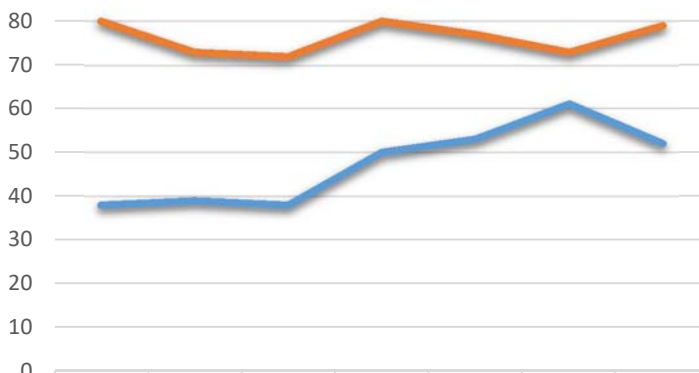
\*RDA = Registered Dental Assistant; QDA = Registered Dental Assistant with Qualification in Dental Radiography; XDA = Not-Registered Assistant with Qualification in Dental Radiography (licensed nurses).



### Gender Distribution of Dentists in 2016



### Active General Anesthesia Permits and Moderate Sedation Permits



	2010	2011	2012	2013	2014	2015	2016
General Anesthesia Permits	80	73	72	80	77	73	79
Moderate Sedation Permits	38	39	38	50	53	61	52

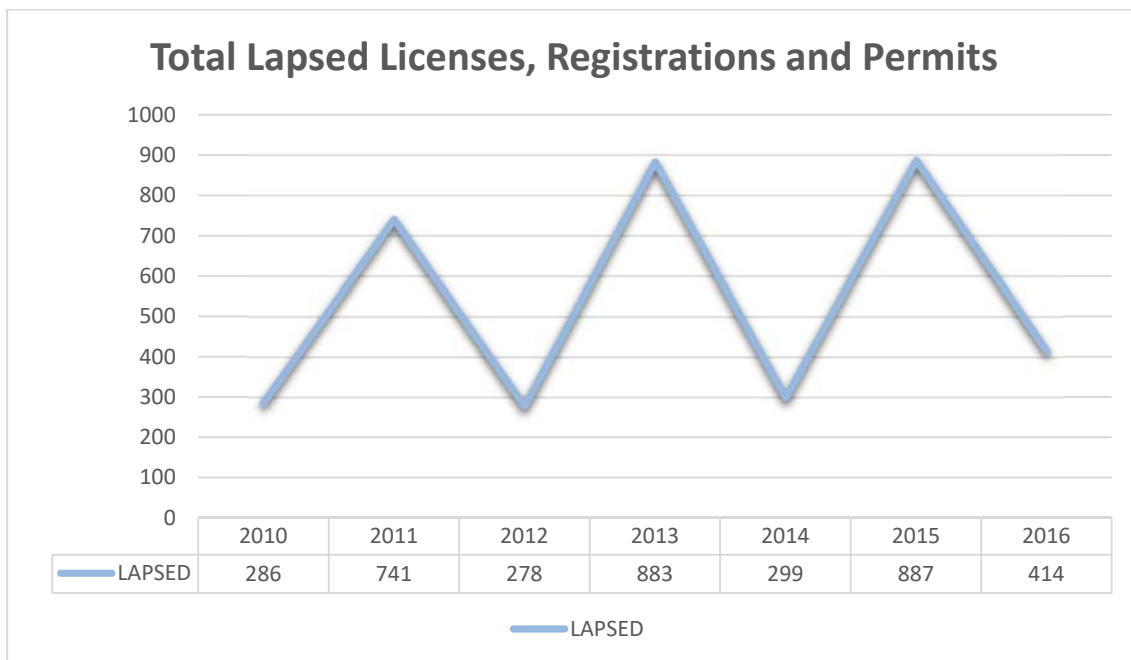
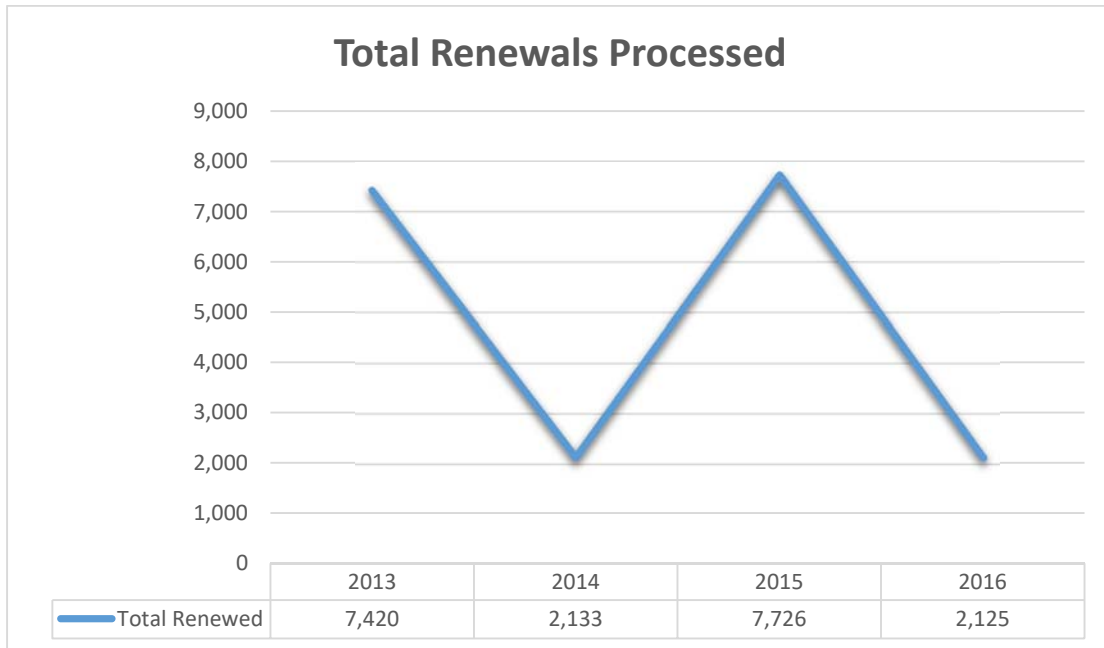
Percentage of active dental license holders with an active sedation permit.

Permit Type	2010	2011	2012	2013	2014	2015	2016
General Anesthesia	4.9%	4.3%	4.1%	3.8%	4.0%	3.7%	3.8%
Moderate Sedation	2.3%	2.3%	2.1%	2.3%	2.8%	3.1%	2.5%

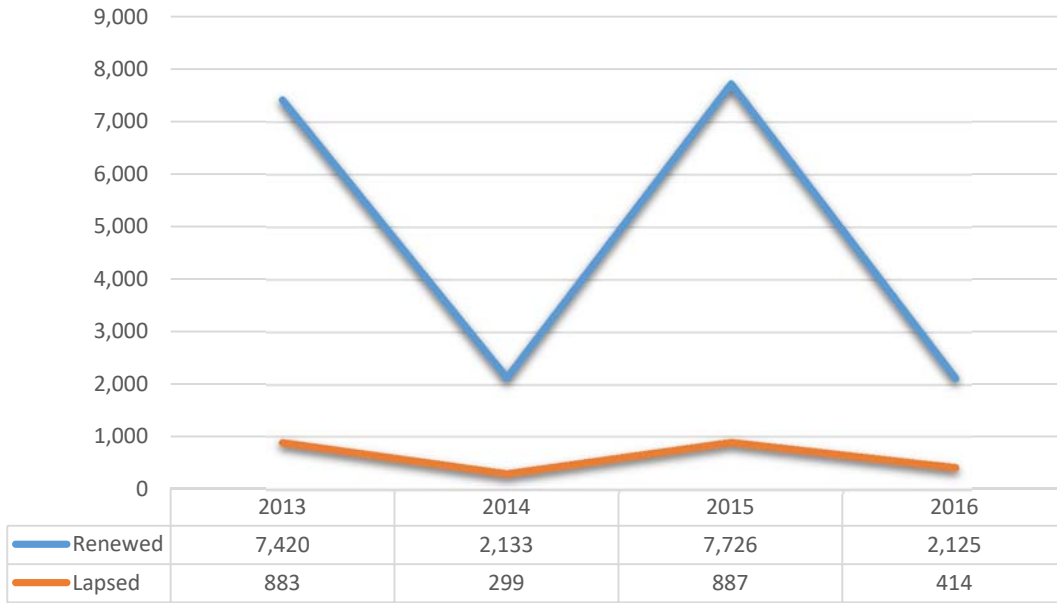
## RENEWAL DATA & INFORMATION

Biennial renewal allows the Board to gather ongoing data related to its licensees and registrants. The data provides the Board an opportunity to address needs by identifying trends.

In even-numbered calendar years, dentists, faculty members and sedation permit holders are subject to renewal. In odd-numbered calendar years, dental hygienists, dental assistants, and local anesthesia permit holders are subject to renewal. There are approximately three times as many renewals processed in odd-numbered years due to the difference in numbers in total renewals expiring.



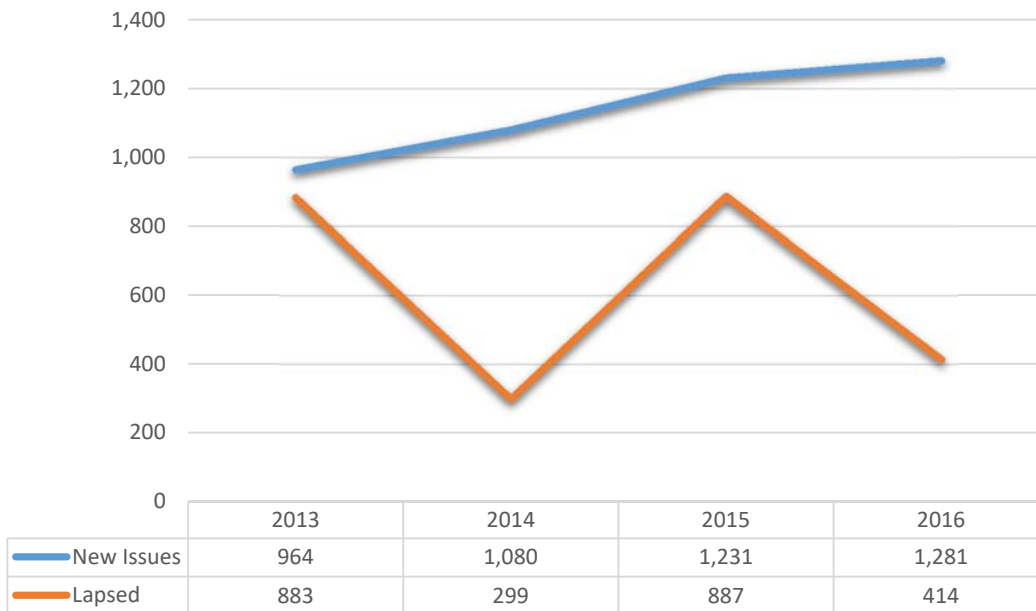
### Licenses Renewed vs. Lapsed by Year



### % of licenses, registrations, permits that lapsed

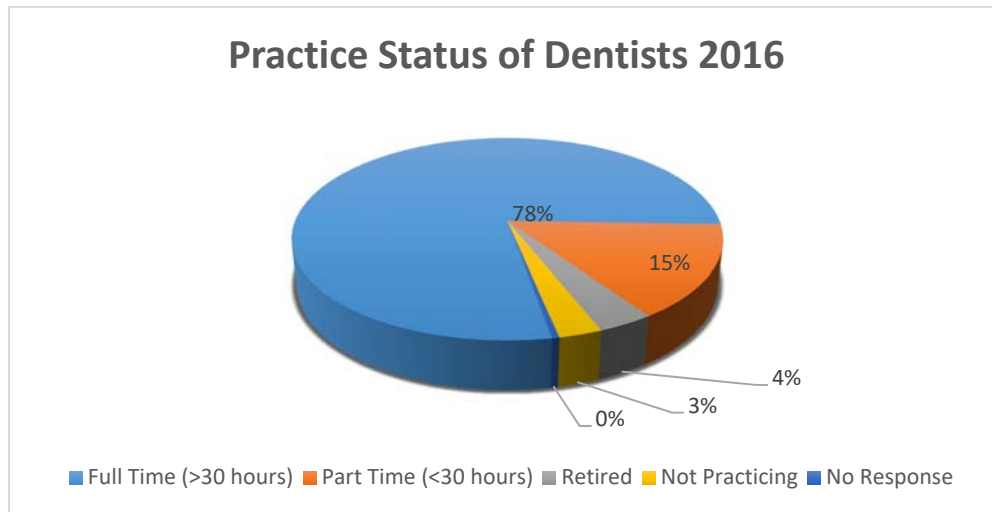
2013	2014	2015	2016
10.6%	12.3%	10.3%	16.3%

### Newly Issued Licenses vs. Lapsed by Year



There was a net increase in total number of licenses, registrations and permits after factoring in the new issuances over the number of lapsed licenses, registrations and permits.

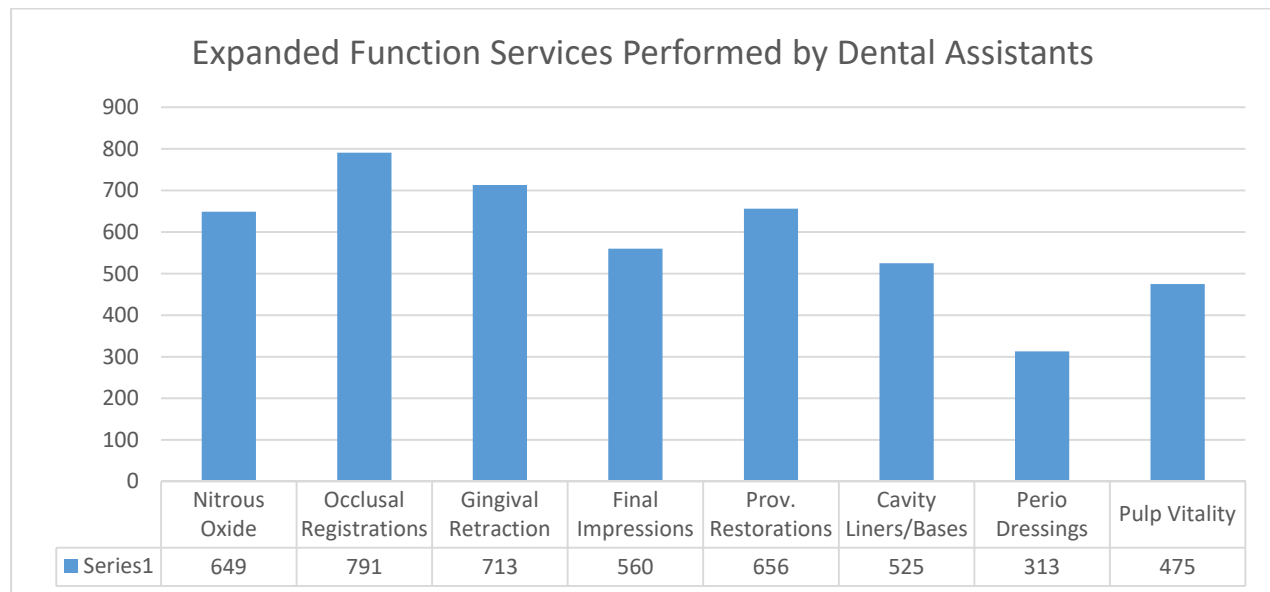
On the 2016 dental license renewals, the Board updated application forms to obtain clearer data about the clinical practice of its licensees. These changes will be implemented on all relevant renewal forms.



### Expanded Functions

In 2015, the Iowa Dental Board made changes to expanded functions rules by adding to the number of services which dental auxiliary could provide. To obtain more information about the number of dentists employing their auxiliary to serve these functions, the Iowa Dental Board asked about expanded functions information on the 2015 and 2016 renewals.

In 2015, 1,231 (33%) dental assistants reported performing at least one expanded function. The following shows the expanded functions services performed by those dental assistants who indicated that they provided at least one of these services.



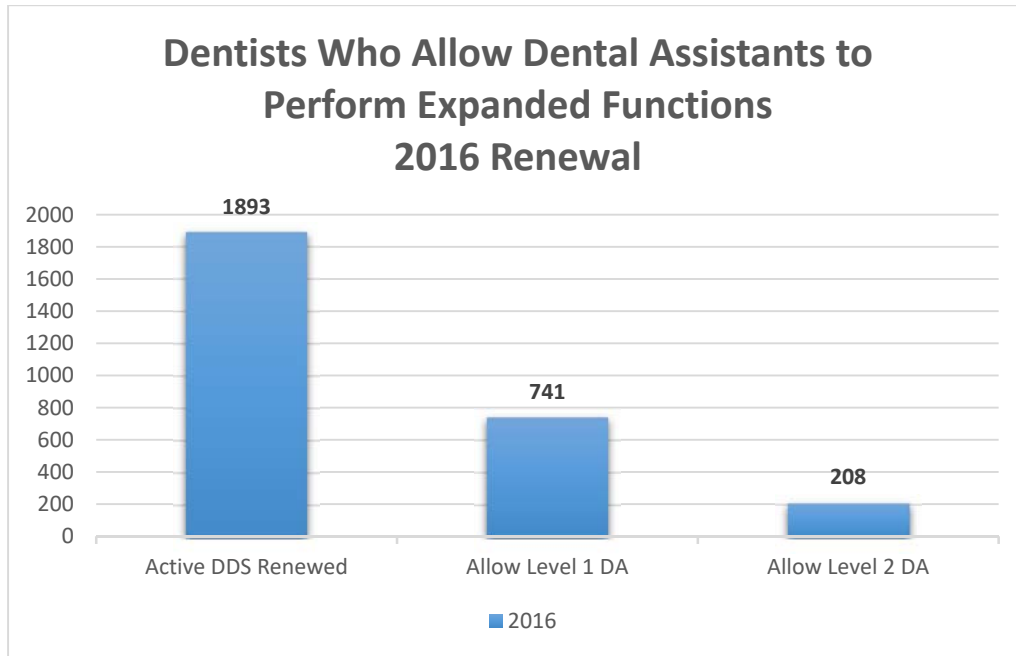
% of respondents who reported performing each expanded function

Nitrous Oxide	Occlusal Registrations	Gingival Retraction	Final Impressions	Provisional Restorations	Cavity Liners/Bases	Periodontal Dressings	Pulp Vitality
52.7%	64.3%	57.9%	45.5%	53.3%	42.6%	25.4%	38.6%

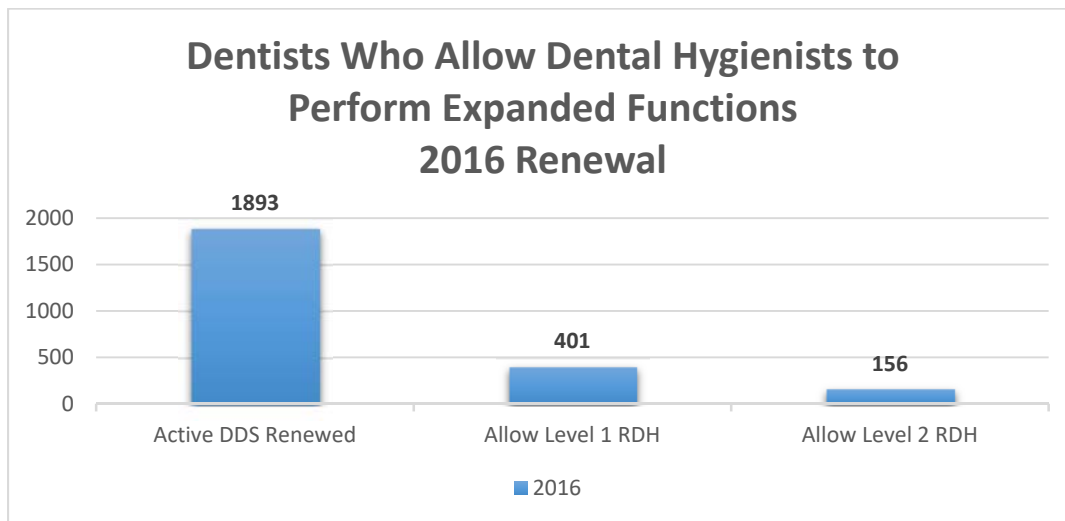


On the 2016 renewal application, dentists were asked the following about expanded functions:

- **Do you allow your dental assistants to perform any expanded functions procedures?**
  - 741 (39%) dentists who renewed their licenses on active status stated that they allow their dental assistants to perform expanded functions.
- **Will you allow your dental assistants to perform any of the new Level 2 expanded functions procedures?**
  - 208 (11%) dentists who renewed their licenses on active status stated that they would.



- **Do you allow your dental hygienists to perform any expanded functions procedures?**
  - 401 (21%) dentists who renewed their licenses on active status stated that they allow their dental hygienists to perform expanded functions.
- **Will you allow your dental hygienists to perform any of the new Level 2 expanded functions procedures?**
  - 156 (8%) dentists who renewed their licenses on active status stated that they would.



The Iowa Dental Board is staffed by a team of dedicated and talented employees, who support the Board by performing the administrative functions needed to ensure that Iowans receive professional, competent and safe dental health care of the highest quality.

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